RICHLAND SCHOOL DISTRICT
CENTERED ON STUDENTS

Skyward Enrollment Form

Complete this side for EVERY student

Student Legal Name: _____
First Name Middle Initial Last Name

Has the Student ever had a different Legal Name? ☐ No ☐ Yes _____
if Yes- please specify

Date of Birth: _____ Biological Gender: ☐ M ☐ F Grade: _____
Month / Day / Year

Place of Birth: _____
City State County

Country of Birth: _____

Ethnicity: ☐ Hispanic or Latino ☐ NOT Hispanic or Latino Race: _____
ex: Asian, Black, White, Native American, etc

Students Preferred Language: ☐ English ☐ Spanish ☐ Other: _____

Last School Attended: _____
Name City State

School Wishing to Attend: ☐ RCPS (4K - 2nd Grade) ☐ RCIS (3 - 6th Grade) ☐ RCHS (7-12th Grade)

☐ PARTNER (8-12th Grade Project Based Learning) ☐ HIVE (Online Learning)

Is this Student Currently Expelled or in the Process of Expulsion from any School? ☐ Yes ☐ No

Is this Student Currently Enrolled in a Special Education Program (IEP)? ☐ Yes ☐ No

Are there any Court Orders or Custody Agreements the School Should be Aware of? ☐ Yes ☐ No
If yes, documentation is required.

_____
Parent/Guardian/Legal Custodian Signature Date

_____
Print Name

PO Box 649 1996 US Highway 14 W Richland Center, WI 53581
www.richland.k12.wi.us 608-649-4483

☐ **Information Below Is The Same As (Student Name):** _____

Family of Residence: _ Family that the student lives with the **majority of school nights**

Parent / Guardian / Legal Custodian

Name: _____ Relationship to Student: _____

Address: _____
Street City State Zip

Phone Number 1: _____ Phone Number 2: _____

E-mail Address: _____ Primary Language: _____

Parent / Guardian / Legal Custodian (Living in Same Household)

Name: _____ Relationship to Student: _____

Phone Number 1: _____ Phone Number 2: _____

E-mail Address: _____ Primary Language: _____

Additional Household – Any household where the student lives during the school year

Parent / Guardian / Legal Custodian

Name: _____ Relationship to Student: _____

Address: _____

Phone Number 1: _____ Phone Number 2: _____

E-mail Address: _____ Primary Language: _____

Parent / Guardian / Legal Custodian

Name: _____ Relationship to Student: _____

Phone Number 1: _____ Phone Number 2: _____

E-mail Address: _____ Primary Language: _____

RICHLAND SCHOOL DISTRICT
CENTERED ON STUDENTS

Notice to Transfer Student Records

Name of Previous School_____ District_____

Address of Previous School _____

Telephone of Previous School_____ Fax Number_____

Please take notice that the following student(s) intend to enroll in the Richland School District beginning _____
(anticipated enrollment date)

Students Legal Name (First, Middle, Last)	Date of Birth	Current Grade

Please transfer all the students' progress and behavioral records, including but not limited to:

- School profile, academic records, including cum folder, transcript, progress grades, test scores, and class schedules
- Behavioral records, multidisciplinary team reports, and any psychological, educational, or speech/language evaluations
- Student health records containing immunizations received and illnesses incurred
- ELL Records
- Athletic forms, physical forms, and athletic eligibility
- IEP Records
- Expulsion & Suspension Records

Have any of the above students been expelled from your district? ☐ YES ☐ NO
Are any of the above students in the expulsion/suspension process? ☐ YES ☐ NO

Pursuant to Wisconsin Statutes 118.125(4) and Federal Regulations, Section 99.31/34, you are authorized to forward the above student's records by this office's notification of student enrollment.

***Records should be sent (Attention to District Registrar) to the address below or faxed to 608-647-8454**

PO Box 649 1996 US Highway 14 W Richland Center, WI 53581
www.richland.k12.wi.us **608-649-4483**